

31 August 1961

MEMORANDUM FOR: Chief, Medical Staff

FROM : Chairman, Medical Technicians and Administrative Panel

SUBJECT : A New Concept in Medical Staff Overseas Support

REFERENCE : Section III (5) and IV (5) of "Panel Study of Medical Staff Grade Distribution - Long Range Effect on the Medical Staff Personnel Program" dated 22 December 1960.

1. Following presentation of the above referenced study and subsequent discussion with the Medical Staff Career Board, it was mutually agreed that while the Panel and the Career Board were in accord with many of the areas covered in this study, it would be helpful if the Panel would undertake a study of other areas in which Medical Staff could expand its functions and responsibilities. Accordingly the Panel has completed such a study, the resulting conclusions and recommendations being set forth below.

2. In the process of defining the areas of consideration by which Medical Staff functions might be expanded, the Panel established as parameters three broad categories of study: (a) clinical; (b) administrative; and (c) operational. Each of these three categories will be dealt with separately in this report. The Panel believes that while some of our conclusions and recommendations may be applicable to Headquarters, the most fertile field for expansion of Medical Staff functions lies in overseas support. We have, therefore, prepared this study with the intent that our remarks be used in an overseas context with only minimal or peripheral application to Headquarters functions.

3. A. Clinical

(1) Conclusions: It is the opinion of the Panel that present overseas Medical Staff clinical support, from a medical technical viewpoint, is adequate. We believe however, that any evaluation or recommendations relating to expansion of our overseas clinical support program, should be effected by physicians and not by medical technical or administrative personnel. Professional medical advice is, we believe, mandatory for this area of study.

(2) Recommendations: That the Chief, Medical Staff task one or more physicians to conduct a depth study of our overseas clinical program to determine the feasibility of its expansion. Administrative support to the physician(s) conducting such a study could be provided by a qualified Medical Staff administrative officer.

B. Administrative

(1) Conclusions: Medical administrative support to our overseas clinical support program is adequate. The Panel feels that medical administration need not be limited to support of clinical programs. We believe that a sufficiently trained individual could serve a dual role as a Station administrative, finance, personnel or logistics officer plus supplying medical administrative support. Such an arrangement would, of course, be more feasible in the smaller overseas stations where employees are often times called upon to perform more than one job function.

(2) Recommendations: That the Chief, Medical Staff task the Support Division or Operations Division to officially initiate discussions with the appropriate DD/S components (i.e. Finance, Personnel and Logistics) to determine the acceptability and feasibility of utilizing medical administrative personnel in a dual administrative role at overseas stations with particular emphasis being placed on said arrangements at smaller CIA field stations.

C. Operational

(1) Conclusions: The Panel is of the firm opinion that, with one or two isolated exceptions, overseas operational support by medical personnel is either minimal or non-existent. Our opinion is based on personal experience and through discussions with operational and support elements of the Agency. We further believe that this situation exists because of (a) a tendency by overseas operational units to view medical personnel as clinicians and nothing more, and (b) a lack of adequate operational training of medical personnel that precludes their greater involvement in operational matters.

We believe that DD/P would welcome the assignment of a medical officer, technician or administrative officer at some of their smaller Stations if he could serve a dual role in some operational capacity. Very few of the smaller field Stations can afford the luxury of a full time medical officer or technician simply because there is not enough clinical work to occupy their time. The problem of having medically trained CIA personnel on hand to meet clinical problems in isolated areas has been with us for many years, particularly in the Far and Middle East, yet from a management standpoint, we cannot justify assignment of medical personnel to full time duty at these small isolated Stations and Bases. The assignment of a medical officer or technician fully trained operationally would, we believe, not only alleviate if not rectify many medical problems, but would also satisfy operational management criteria for such an arrangement. The Panel recognizes the necessity for extended absence of medical personnel to

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acquire necessary operational training to effect the type assignments envisioned above, but we also feel that it would be easier to train medical personnel for operational duties rather than vice versa.

(2) Recommendation: That the Chief, Medical Staff task Support Division and Operations Division to initiate official discussions with office of Personnel and appropriate DD/P elements to determine the feasibility of placing adequately trained medical officers and medical technicians in the Field to assume dual operational/medical responsibilities.

4. The Panel submits the above as part of its continuing responsibilities as spokesman for Medical Staff technicians and administrative officers.

5. The Panel envisions the dual role of medical personnel in Agency overseas assignments as an attractive area for expansion of Medical Staff functions and responsibilities.

6. This report has been submitted to the Chief, Medical Staff in lieu of the Chairman, Medical Staff Career Service Board because we feel the aforementioned recommendations fall somewhere between Career Board interest and command decision. Presentation of this report to the Medical Staff Career Board is therefore left to the prerogative of the Chief, Medical Staff.

7. The Panel or myself would be happy to engage in personal discussion of this report if you so desire.


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